

# VSP Enrollment Form

Follow these easy steps to enroll in VSP:

- 1. Complete, sign and date the form.
- 2. Fax or mail it to VSP's enrollment administrator, AdminAmerica:

**Fax:** 216-274-9633

**Mail:** Photocopy the completed form and mail original in the envelope provided.

- 3. Questions about enrollment? Call AdminAmerica at 888-508-8855 or e-mail enrollVSP@adminamericaco.com.

After enrolling, your monthly contribution is required for one year.

## Your VSP Coverage *Please select one:*

- ☐ Employee only
- ☐ Employee + child(ren)
- ☐ Employee + spouse
- ☐ Employee + family

## Employee Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employee I.D. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Dependent Information

Dependent Name	Date of Birth (Month/Day/Year)	Relationship to Employee (Spouse, Child, etc.)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature Required**



**AdminAmerica**  
P.O. Box 416  
Vermilion, OH 44089

**Your enrollment form  
must be faxed or  
postmarked no later  
than 90 days after  
your hire date.**